

Recipient Committee  
Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

REVIEWED BY

City Clerk/Dep. City Clerk

SEE INSTRUCTIONS ON REVERSE

Statement covers period

from 7-1-00

through 9-30-00

Date of election if applicable  
(Month, Day, Year)

11-7-00

Date Stamp

RECEIVED

NOV -5 AM 8:33

SUSAN J. BLACKSTON  
CITY CLERK  
CITY OF LODI

CALIFORNIA FORM 460

Page 1 of 8

For Official Use Only

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

☐ Officeholder, Candidate  
Controlled Committee

(Also Complete Part 4.)

☐ Ballot Measure Committee

☐ Primarily Formed

☐ Controlled

☐ Sponsored

(Also Complete Part 5.)

☐ Primarily Formed Candidate/  
Officeholder Committee

(Also Complete Part 6.)

☐ General Purpose Committee

☐ Sponsored

☐ Broad Based

2. Type of Statement:

☐ Pre-election Statement

☐ Semi-annual Statement

☐ Termination Statement

☐ Amendment (Explain below)

☐ Quarterly Statement

☐ Special Odd-Year Report

☐ Supplemental Pre-election  
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

922038

COMMITTEE NAME

Committee to Elect Stephen Mann

STREET ADDRESS (NO P.O. BOX)

111 N. Crescent Avenue

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Lodi

CA

95240

209-334-5943

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

P.o. Box 648

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Lodi

CA

95241

same

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Robert A. Rocha

MAILING ADDRESS

P.O. Box 731

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Clements

CA

95227

759-3860

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 2

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Stephen J. Mann

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Member, Lodi City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
111 N. Crescent Avenue Lodi CA 95240

**Related Committees Not Included in this Statement:** *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME <u>Committee to Elect Stephen Mann</u>	I.D. NUMBER <u>922038</u>
NAME OF TREASURER <u>Robert A. Rocha</u>	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO
COMMITTEE ADDRESS <u>111 N. Crescent Avenue</u>	STREET ADDRESS (NO P.O. BOX)
CITY <u>Lodi</u>	STATE <u>CA</u>
ZIP CODE <u>95240</u>	AREA CODE/PHONE <u>209-334-5943</u>

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

6. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10-4-00  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Stephen Mann  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>7-1-00</u> through <u>9-30-00</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>2</u>	I.D. NUMBER <u>922038</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stephen J. MANN

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>8214</u>	\$ <u>99</u>	\$ <u>8313</u>
2. Loans Received ..... Schedule B, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>8214</u>	\$ <u>99</u>	\$ <u>8313</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>8214</u>	\$ <u>99</u>	\$ <u>8313</u>

## Expenditures Made

6. Payments Made ..... Schedule E, Line 4	\$ <u>2913.81</u>	\$ <u>410</u>	\$ <u>3323.81</u>
7. Loans Made ..... Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>2913.81</u>	\$ <u>410</u>	\$ <u>3323.81</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>2913.81</u>	\$ <u>410</u>	\$ <u>3323.81</u>

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>23</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>8214</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>2913.81</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>5323.19</u>

If this is a termination statement, Line 16 must be zero.

\* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

## Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received .....	\$ <u>99</u>	\$ <u>8214</u>
21. Expenditures Made .....	\$ <u>410</u>	\$ <u>2913.81</u>

## Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 1, Column (b)	\$ <u>/</u>
18. Cash Equivalents ..... See instructions on reverse	\$ <u>/</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column C above	\$ <u>/</u>

**Schedule A**  
**Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>7-1-00</u> through <u>9-30-00</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>8</u>
I.D. NUMBER 922038	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stephen J. Mann

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9/00	Good Earth Farms 6001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500	\$500	
9/00	Larry and Julie Underhill 6001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Statesman Rlty	\$300	\$300	
<del>9/00</del>	<del>XXXXXXXXXX</del>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<del>XXXXXXXXXX</del>	<del>XXXX</del>	<del>\$600</del>	
9/00	Jack Fiori 6001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	California Waste Recovery	\$150	\$150	
9/00	Jack and Brenda Sieglock 6001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	County Supervisor	\$150	\$150	
SUBTOTAL \$						

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 1700
- Amount received this period - unitemized contributions of less than \$100 ..... \$ 6514
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 8214

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
OTH - Other

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7-1-00</u> through <u>9-30-00</u>		<b>CALIFORNIA FORM 460</b> Page <u>5</u> of <u>8</u> I.D. NUMBER 922038
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NAME OF FILER

Stephen J. Mann

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9/00	Harvey and Ruth Berndt <i>LODI</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	farmers	\$100	\$100	
9/00	Francis Wilson <i>LODI</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired Pharmacist	\$100	\$100	
9/00	Luster-Cal <i>LODI</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100	\$100	
9/00	Dr. Eric Albert <i>LODI</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician	\$100	\$100	
9/00	Jack and Martha Carter <i>LODI</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired Business owners	\$100	\$100	
9/00	Russ and Kathryn Munson <i>LODI</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Builders	\$100	\$100	

SUBTOTAL \$ *600*

\*Contributor Codes

IND - Individual  
 COM - Recipient Committee  
 OTH - Other

# Schedule B – Part 1 Loans Received

Type or print in Ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 7-1-00  
through 9-30-00

CALIFORNIA FORM 460

Page 6 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stephen Mann

I.D. NUMBER  
922038

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDER OR GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LENDER INFORMATION			GUARANTOR INFORMATION	
				DUE DATE/ INTEREST RATE	(a) AMOUNT OF LOAN	CUMULATIVE TO DATE	(b) AMOUNT GUARANTEED	CUMULATIVE TO DATE
8/24/00	Stephen J. mann  <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	candidate	DUE DATE open INTEREST RATE 0 %	\$2000	CALENDAR YEAR 2000 OTHER \$		CALENDAR YEAR \$ OTHER \$
	  <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE INTEREST RATE %		CALENDAR YEAR \$ OTHER \$		CALENDAR YEAR \$ OTHER \$
	  <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE INTEREST RATE %		CALENDAR YEAR \$ OTHER \$		CALENDAR YEAR \$ OTHER \$
SUBTOTAL \$							Enter (b) on Summary Page, Line 17 only.	

## Schedule B – Part 1 Summary

- Loans of \$100 or more received this period. (Include all Loans Received – Part 1 (a) subtotals.) ..... \$ 2000
- Amount received this period – unitemized loans of less than \$100 ..... \$
- Total loans received this period. (Add Lines 1 and 2.) ..... TOTAL \$ 2000

## Schedule B – Part 2 Summary

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part 2 (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) ..... \$ 2000
- Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. .... \$
- Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) ..... TOTAL \$ 2000
- Net change this period. (Subtract Line 6 from Line 3.)  
Enter the net here and on the Summary Page, Column A, Line 2. .... NET \$ 0

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other

May be a negative number.

**Schedule B – Part 2**  
**Repayments Made on Loans Received, Loans**  
**Forgiven, and Loans Repaid by a Third Party**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE B - PART 2

Statement covers period  
 from 7-1-00  
 through 9-30-00

**CALIFORNIA**  
**FORM 460**

Page 7 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stephen J. Mann

I.D. NUMBER  
 922038

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INTEREST RATE (IF CHANGED)	(c) AMOUNT REPAYED OR FORGIVEN ON PRINCIPAL * (EXCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	(d) INTEREST PAID
9/22/00	8/24/00	Stephen J. mann		\$2000	0	0

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 2000

TOTAL INTEREST  
 PAID THIS PERIOD \$ 0

**\*IMPORTANT:** If any part of a loan is forgiven or repaid by a third party, also itemize the transaction on Schedule A, including the name and address of the person forgiving the loan or the third party making the payment, and the amount forgiven or paid.

Enter the amount in column (d) in the Schedule E Summary, Line 3. Do not carry this total to the Schedule B Summary.

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>7-1-00</u> through <u>9-30-00</u>		SCHEDULE E <b>CALIFORNIA FORM 460</b>
		Page <u>2</u> of <u>2</u>
NAME OF FILER <u>Stephen J. Mann</u>		I.D. NUMBER <u>922038</u>

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Lodi		deposit	\$100
Patriott Signs		lawn signs	\$1685
Duncan Press, Lodi		literature	\$928.81
Post Office, Lodi		postage	\$165

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>2878.81</u>
2. Unitemized payments made this period of under \$100	\$ <u>35</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ <u>2913.81</u></b>